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Food Stamp Program Claims Review Checklist Program Integrity

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Co	ounty AE IHE	IPV	Reviewer	Date	
	√ = Correct	X = Incorre √ X N		N = Not Applicable COMMENTS	
1.	Was the claim appropriate?				
2.	Was the referral for investigation submitted timely by the source?				
3.	Was the period of overissuance correct? (10-10-10, 10 th of the month following month of change rule vs. false statement)				
4.	Was the DSS-1682 completed in full and correctly?				
5.	Was the reason for the overissuance and the reason for the category assigned to the claim thoroughly documented?				
6.	Were verifications complete?				
7.	Was participation checked?				

8.	Was the case entered into EPICS					
	and updated?					
9.	Was the IPV disqualification					
	imposed timely and entered into					
	EPICS?					
9.	Were claims establishment					
	timeliness standards met?					
10.	Was a repayment agreement					
	attempted/signed for non-					
	participating households?					
11.	Other					
Fo	r additional comments, indicate number	of the ele	ment with si	oecific com	ment:	
Fo	r additional comments, indicate number	of the ele	ment with sp	pecific com	ment:	
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